

**MONTANA  
PUBLIC LIBRARY  
RECOGNITION PROGRAM  
FOR  
LIBRARY STAFF MEMBERS,  
TRUSTEES,  
AND VOLUNTEERS  
MANUAL**

**MONTANA STATE LIBRARY  
P.O. BOX 201800  
HELENA MT 59620-1800**

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## CERTIFICATION CONTACT:

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# **I. MONTANA PUBLIC LIBRARY RECOGNITION PROGRAM FOR LIBRARY STAFF MEMBERS, TRUSTEES, AND VOLUNTEERS**

## **A. GOALS OF THE RECOGNITION PROGRAM**

The overall goal of the recognition program is to provide a way for librarians, library boards of directors, Federations, or the Montana Library Association to recognize library staff members, trustees, and volunteers who have made significant contributions to their public library.

The goals of the recognition program are:

1. to motivate library staff members, trustees, and volunteers to develop library skills through basic and continuing education and to play an active role in their library;
2. to recognize library staff members, trustees, and volunteers for hours/years of library service;
3. to recognize library staff members, trustees, and volunteers for special achievements;
4. to recognize library staff members, trustees, and volunteers who, on a continuing basis, update their knowledge and skills in order to provide better library services to their communities; and
5. to enhance the image of public libraries.

## **B. CRITERIA FOR RECOGNITION**

The broad criteria for recognition will be:

1. hours/years of library service; or
2. special achievements including publications.
3. library workshops, conferences, seminars, and training courses given and/or attended;
4. participation in library organization activities such as Federation or Montana Library Association meetings; and
5. continuing education activities such as independent study, home study, and/or credits earned in library related courses.

The Montana State Library recognizes the submitted library staff member, trustee and/or volunteer by giving this person a congratulation letter from the Montana State Librarian, a Certificate of Award, and a Recognition Pin.

## **C. CATEGORIES FOR RECOGNITION**

The categories for recognition will be:

### **1. Library Staff Members**

- a. years of service; or
- b. contact hours for continuing education activities supported by written documentation for every 20 hours; or
- c. special projects, activities, or achievements.

### **2. Trustees**

- a. participation in state legislative activities; or
- b. special projects, activities, or achievements; or
- c. continuing education activities; or
- d. active participation in Federation activities; or
- e. years of distinguished service.

### **3. Volunteers**

- a. hours of service with a minimum of 300 hours; or
- b. contact hour credits for continuing education activities supported by written documentation for every 10 hours; or
- c. special projects, activities, or achievements.

## D. RECOGNITION PROGRAM FORM

Directions: To recognize a library staff member, trustee, and/or a volunteer who has made a significant contribution to your public library, complete all the sections of this form and the Certification Sample Form. Please type or print using black ink. If you have any questions about the forms, call 406-444-5349 or 1-800-338-5087 [in MT]. Send the completed forms to: MONTANA PUBLIC LIBRARY RECOGNITION PROGRAM, MONTANA STATE LIBRARY, PO Box 201800, HELENA MT 59620-1800.

### PERSON TO BE RECOGNIZED

**Name:**

Last

First

Middle Initial

**Mailing Address:**

**POSITION OF RECOGNITION:**

☐ LIBRARY STAFF MEMBER

☐ TRUSTEE

☐

VOLUNTEER

**CONTRIBUTION DESCRIPTION:** Describe what this person has done to make a significant contribution to your public library. Also fill in the information need on the Certification Sample Form on page 7. Attach a continuation sheet if necessary.

**CONTRIBUTION DATES:** From:

To:

**LOCATION:**

**Submitted by:**

Name:

Address:

Telephone:

Position:

E-Mail:

Signature:

Date:



Helena, Montana

## CERTIFICATE OF AWARD

This Certifies that

\_\_\_\_\_ is commended for

\_\_\_\_\_ This award is granted as a testimonial of the above accomplishments.

Signed: \_\_\_\_\_

Montana State Librarian  
Montana State Library  
Helena, Montana

Signed: \_\_\_\_\_

Chairperson  
Montana State Library  
Commission  
Date: \_\_\_\_\_

### E. CERTIFICATE SAMPLE FORM

Fill in the appropriate information needed on the certificate and return with the Recognition Program Form.

**Directions:** To recognize a library staff member, trustee, and/or a volunteer who has made a significant contribution to your public library, complete all the sections of this form and the Certification Sample Form. Please type or print using black ink. If you have any questions about the forms, call 406-444-5349 or 1-800-338-5087 [in MT]. Send the completed forms to: MONTANA PUBLIC LIBRARY RECOGNITION PROGRAM, MONTANA STATE LIBRARY, PO Box 201800, HELENA MT 59620-1800.

<b>PERSON TO BE RECOGNIZED</b>		
<b>Name:</b>		
Last	First	Middle Initial
<b>Mailing Address:</b>		

<b>POSITION OF RECOGNITION:</b> <input type="checkbox"/> LIBRARY STAFF MEMBER <input type="checkbox"/> TRUSTEE <input type="checkbox"/> VOLUNTEER
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<b>CONTRIBUTION DESCRIPTION:</b> Describe what this person has done to make a significant contribution to your public library. Also fill in the information need on the Certification Sample Form on page 7. Attach a continuation sheet if necessary.
<b>CONTRIBUTION DATES:</b> From: _____ To: _____
<b>LOCATION:</b> _____

<b>Submitted by:</b>	
Name:	
Address:	Telephone:
Position:	E-Mail:
Signature:	Date:



Helena, Montana

## CERTIFICATE OF AWARD

This Certifies that

is commended for

This award is granted as a testimonial of the above accomplishments.

Signed:

Montana State Librarian  
Montana State Library  
Helena, Montana

Signed:

Chairperson  
Montana State Library  
Commission  
Date:

### F. CERTIFICATE SAMPLE FORM EXTRA COPY

Fill in the appropriate information needed on the certificate and return with the Recognition Program Form.